Image# 11930656721 **FEC FORM 2** STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in	n full)							
Dr. John C Fleming	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(b) Address (number and	☐ Check if address changed				2. Identification Number			
PO Box 1236	0 1					H8LA042	225	
(c) City, State and ZIP	Code	1		7105	2 4000	3. Is This Statemer	nt X New	
Minden 4. Party Affiliation	1	LA 5. Office Soug		/ 1058	3-1236 6. State & Dis		(14)	OR (A)
REPUBLICAN PARTY	`	House	ji it		LA 04		Jale	
TIET OBEIO/IIVT /IIITT								
	DES	SIGNATION	N OF PRIN	ICIPAL C	AMPAIGN (COMMITTE	ΞE	
7. I hereby designate the follow	wing named	political commi	ittee as my Pri	ncipal Camp	aign Committee		2012 (year of election	election(s).
NOTE: This designation	should be f	iled with the a	ppropriate off	fice listed in	the instruction	s.		
(a) Name of Committee	(in full)							
Fleming For Congres	SS							
(b) Address (number and	d street)							
PO Box 1236								
(c) City, State and ZIP	Code							
Minden		L	A	7	1058-1236			
	DES	SIGNATION	N OF OTH	ER AUTI	HORIZED C	OMMITTE	ES	
		(Including Joir	nt Fundraisi	ng Representa	tives)		
I hereby authorize the follow candidacy.	ving named	committee, wh	ich is NOT my	principal ca	mpaign committ	tee, to receive a	and expend fun	ds on behalf of my
NOTE: This designation	should be f	iled with the p	rincipal camp	aign comm	ittee.			
(a) Name of Committee	(in full)							
(-)	(,							
(b) Address (number and	d street)							
(b) Madioco (Mambol all	a 011 001)							
(a) Other Other and ZID O	\							
(c) City, State and ZIP C	ode							
I certify that	I have exar	mined this Sta	tement and to	the best of	my knowledge	e and belief it i	s true, correc	et, and complete.
Signature of Candidate						Date		
Dr. John C Fleming						04/14/2011		
3								
NOTE 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
NOTE: Submission of false,	, erroneous	s or incomplete	e information	may subjec	t the person sig	gning this Stat	tement to pen	alties of 2 U.S.C.§437g.
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FEC FORM 2 (REV. 02/2009)